

# **EXHIBIT 3**

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 87

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0039935378  
 Invoice Date: Feb 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-03/31/2016  
 Due Date: Mar 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Ambulatory Equipment Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2	\$988.92		\$1,977.84
Employee Only	2	\$443.46		\$886.92
<b>Subtotal - Ambulatory Equipment Employees (HSA)</b>	<b>4</b>		-	<b>\$2,864.76</b>
<b>COBRA (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	1	\$1,189.73		\$1,189.73
EE +1 or more Children	1	\$858.95		\$858.95
Employee Only	4	\$533.51		\$2,134.04
<b>Subtotal - COBRA (PPO)</b>	<b>6</b>		-	<b>\$4,182.72</b>
<b>Corporate Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5	\$1,299.34		\$6,496.70
EE + Spouse	5	\$988.92		\$4,944.60
EE +1 or more Children	7	\$713.97		\$4,997.79
Employee Only	48	\$443.46		\$21,286.08
<b>Subtotal - Corporate Employees (HSA)</b>	<b>65</b>		-	<b>\$37,725.17</b>
<b>Corporate Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	3	\$1,189.73		\$3,569.19
EE +1 or more Children	14	\$858.95		\$12,025.30
Employee Only	91	\$533.51		\$48,549.41

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Mar 01, 2016	INV # C0039935141
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Return payment stub to:

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

\$578,516.93

**AMOUNT PAID**

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0039935378  
 Invoice Date: Feb 13, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 03/01-03/31/2016  
 Due Date: Mar 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
Subtotal - Corporate Employees (PPO)	108	-	-	\$64,143.90
<b>Early County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5	\$1,299.34	\$6,496.70	
EE + Spouse	1	\$988.92	\$988.92	
EE +1 or more Children	1	\$713.97	\$713.97	
Employee Only	32	\$443.46	\$14,190.72	
Subtotal - Early County Employees (HSA)	39	-	-	\$22,390.31
<b>Early County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2	\$1,563.18	\$3,126.36	
EE + Spouse	2	\$1,189.73	\$2,379.46	
EE +1 or more Children	5	\$858.95	\$4,294.75	
Employee Only	86	\$533.51	\$45,881.86	
Subtotal - Early County Employees (PPO)	95	-	-	\$55,682.43
<b>Lackey Hospital Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6	\$1,299.34	\$7,796.04	
EE +1 or more Children	7	\$713.97	\$4,997.79	
Employee Only	53	\$443.46	\$23,503.38	
Subtotal - Lackey Hospital Employees (HSA)	66	-	-	\$36,297.21
<b>Lackey Hospital Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2	\$1,563.18	\$3,126.36	
EE + Spouse	1	\$1,189.73	\$1,189.73	
EE +1 or more Children	13	\$858.95	\$11,166.35	
Employee Only	48	\$533.51	\$25,608.48	
Subtotal - Lackey Hospital Employees (PPO)	64	-	-	\$41,090.92
<b>Medicomp Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2	\$988.92	\$1,977.84	
EE +1 or more Children	8	\$713.97	\$5,711.76	
Employee Only	56	\$443.46	\$24,833.76	
Subtotal - Medicomp Employees (HSA)	66	-	-	\$32,523.36
<b>Medicomp Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	1	\$1,563.18	\$1,563.18	
EE +1 or more Children	9	\$858.95	\$7,730.55	
Employee Only	43	\$533.51	\$22,940.93	
Subtotal - Medicomp Employees (PPO)	53	-	-	\$32,234.66

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 Coverage Period: 03/01-03/31/2016  
 Due Date: Mar 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Monroe County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	10	\$1,299.34	\$12,993.40	
EE + Spouse	3	\$988.92	\$2,966.76	
EE +1 or more Children	6	\$713.97	\$4,283.82	
Employee Only	32	\$443.46	\$14,190.72	
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>51</b>	-		<b>\$34,434.70</b>
<b>Monroe County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	5	\$858.95	\$4,294.75	
Employee Only	63	\$533.51	\$33,611.13	
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>68</b>	-		<b>\$37,905.88</b>
<b>Newton Hospital Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	1	\$1,299.34	\$1,299.34	
Employee Only	5	\$443.46	\$2,217.30	
<b>Subtotal - Newton Hospital Employees (HSA)</b>	<b>6</b>	-		<b>\$3,516.64</b>
<b>Newton Hospital Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	1	\$1,189.73	\$1,189.73	
EE +1 or more Children	1	\$858.95	\$858.95	
Employee Only	19	\$533.51	\$10,136.69	
<b>Subtotal - Newton Hospital Employees (PPO)</b>	<b>21</b>	-		<b>\$12,185.37</b>
<b>Oneida Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2	\$1,299.34	\$2,598.68	
EE + Spouse	1	\$988.92	\$988.92	
EE +1 or more Children	2	\$713.97	\$1,427.94	
Employee Only	21	\$443.46	\$9,312.66	
<b>Subtotal - Oneida Employees (HSA)</b>	<b>26</b>	-		<b>\$14,328.20</b>
<b>Oneida Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	7	\$858.95	\$6,012.65	
Employee Only	18	\$533.51	\$9,603.18	
<b>Subtotal - Oneida Employees (PPO)</b>	<b>25</b>	-		<b>\$15,615.83</b>
<b>Patrick County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2	\$1,299.34	\$2,598.68	
EE + Spouse	2	\$988.92	\$1,977.84	

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Invoice No: 0039935378  
 Invoice Date: Feb 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-03/31/2016  
 Due Date: Mar 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
EE +1 or more Children	8		\$713.97	\$5,711.76
Employee Only	26		\$443.46	\$11,529.96
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>38</b>		-	<b>\$21,818.24</b>
 <b>Patrick County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	11		\$858.95	\$9,448.45
Employee Only	22		\$533.51	\$11,737.22
<b>Subtotal - Patrick County Employees (PPO)</b>	<b>34</b>		-	<b>\$22,375.40</b>
 <b>Pioneer Home Health Stokes EE's (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
Employee Only	1		\$533.51	\$533.51
<b>Subtotal - Pioneer Home Health Stokes EE's (PPO)</b>	<b>1</b>		-	<b>\$533.51</b>
 <b>Stokes County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	3		\$1,299.34	\$3,898.02
EE + Spouse	1		\$988.92	\$988.92
EE +1 or more Children	5		\$713.97	\$3,569.85
Employee Only	47		\$443.46	\$20,842.62
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>56</b>		-	<b>\$29,299.41</b>
 <b>Stokes County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2		\$1,563.18	\$3,126.36
EE + Spouse	3		\$1,189.73	\$3,569.19
EE +1 or more Children	18		\$858.95	\$15,461.10
Employee Only	66		\$533.51	\$35,211.66
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>89</b>		-	<b>\$57,368.31</b>
	<b>TOTAL</b>	<b>981</b>	-	<b>\$578,516.93</b>

**Invoice Detail**

Policy No.	Name	ID	Coverage	Volume (000's)	Charge Amount
	Plan				
905264	[REDACTED]		EE+SP		\$988.92
	MS 2015 HSA CH+PS1 Plan V91				
905264	[REDACTED]		EE+SP		\$988.92
	MS 2015 HSA CH+PS1 Plan V91				

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Pioneer Health Services, Inc.  
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**Magee, MS 39111**

Invoice No: 0039935383  
 Invoice Date: Feb 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 01/01-02/29/2016  
 Due Date: Mar 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	<b>01/01/2016-02/29/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-02/29/2016	1		\$-1,067.02
<b>Subtotal - COBRA (PPO)</b>	<b>01/01/2016-02/29/2016</b>	<b>1</b>		<b>\$-1,067.02</b>
<b>Corporate Employees (HSA)</b>	<b>01/01/2016-02/29/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	01/01/2016-02/29/2016	2		\$0.00
<b>Subtotal - Corporate Employees (HSA)</b>	<b>01/01/2016-02/29/2016</b>	<b>2</b>		<b>\$0.00</b>
<b>Corporate Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016	2		\$1,067.02
<b>Subtotal - Corporate Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>2</b>		<b>\$1,067.02</b>
<b>Early County Employees (HSA)</b>	<b>02/01/2016-02/29/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-02/29/2016	2		\$-270.51
<b>Subtotal - Early County Employees (HSA)</b>	<b>02/01/2016-02/29/2016</b>	<b>2</b>		<b>\$-270.51</b>
<b>Early County Employees (PPO)</b>	<b>01/01/2016-02/29/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-02/29/2016	2		\$-2,251.41
<b>Subtotal - Early County Employees (PPO)</b>	<b>01/01/2016-02/29/2016</b>	<b>2</b>		<b>\$-2,251.41</b>
<b>Lackey Hospital Employees (PPO)</b>	<b>01/01/2016-02/29/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-02/29/2016	4		\$-533.51
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>01/01/2016-02/29/2016</b>	<b>4</b>		<b>\$-533.51</b>
<b>Medicomp Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016	2		\$1,067.02
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>2</b>		<b>\$1,067.02</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Mar 01, 2016	INV # C0039935141
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Return payment stub to:

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

AMOUNT DUE

\$-4,455.40

AMOUNT PAID

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Invoice No: 0039935383  
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 Coverage Period: 01/01-02/29/2016  
 Due Date: Mar 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Monroe County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016 02/01/2016-02/29/2016	3		\$-533.51
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>3</b>		<b>\$-533.51</b>
Newton Hospital Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	01/01/2016-02/29/2016 01/01/2016-02/29/2016	1		\$-886.92
<b>Subtotal - Newton Hospital Employees (HSA)</b>	<b>01/01/2016-02/29/2016</b>	<b>1</b>		<b>\$-886.92</b>
Newton Hospital Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016 02/01/2016-02/29/2016	1		\$-533.51
<b>Subtotal - Newton Hospital Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>1</b>		<b>\$-533.51</b>
Oneida Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	01/01/2016-02/29/2016 01/01/2016-02/29/2016	1		\$886.92
<b>Subtotal - Oneida Employees (HSA)</b>	<b>01/01/2016-02/29/2016</b>	<b>1</b>		<b>\$886.92</b>
Oneida Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-02/29/2016 01/01/2016-02/29/2016	2		\$1,925.97
<b>Subtotal - Oneida Employees (PPO)</b>	<b>01/01/2016-02/29/2016</b>	<b>2</b>		<b>\$1,925.97</b>
Patrick County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	02/01/2016-02/29/2016 02/01/2016-02/29/2016	1		\$443.46
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>02/01/2016-02/29/2016</b>	<b>1</b>		<b>\$443.46</b>
Patrick County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016 02/01/2016-02/29/2016	1		\$-858.95
<b>Subtotal - Patrick County Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>1</b>		<b>\$-858.95</b>
Stokes County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	01/01/2016-02/29/2016 01/01/2016-02/29/2016	4		\$-984.48
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>01/01/2016-02/29/2016</b>	<b>4</b>		<b>\$-984.48</b>
Stokes County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-02/29/2016 02/01/2016-02/29/2016	4		\$-1,925.97
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>02/01/2016-02/29/2016</b>	<b>4</b>		<b>\$-1,925.97</b>
<b>TOTAL</b>	<b>01/01/2016-02/29/2016</b>	<b>33</b>		<b>\$-4,455.40</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan			

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Pioneer Health Services, Inc.  
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#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91				
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91				
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97

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### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	[REDACTED]	01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$533.51
	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$533.51
905264	[REDACTED]	01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$-533.51
	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$-533.51

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#### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
	Charge Period	Plan				
905264	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$-858.95
	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$-858.95
905264	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$858.95
	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$858.95
905264	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Add	\$858.95
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95

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 Bill Group: 1  
 Coverage Period: 01/01-02/29/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]	02/01-02/29/2016 MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264	[REDACTED]	02/01-02/29/2016 MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264	[REDACTED]	02/01-02/29/2016 MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264	[REDACTED]	01/01-01/31/2016 MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
		02/01-02/29/2016 MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$533.51
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$-858.95

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Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
Magee, MS 39111

Invoice No: 0039935383  
Invoice Date: Feb 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 01/01-02/29/2016  
Due Date: Mar 01, 2016

**TOTAL:** \$4,455.40

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employerereservices.com](http://www.employerereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Ambulatory Equipment Employees (PPO)	01/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016	1		\$1,600.53
Subtotal - Ambulatory Equipment Employees (PPO)	01/01/2016-03/31/2016	1		\$1,600.53
COBRA (PPO)	01/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016	1		\$-1,600.53
Subtotal - COBRA (PPO)	01/01/2016-03/31/2016	1		\$-1,600.53
Corporate Employees (HSA)	01/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	01/01/2016-03/31/2016	2		\$-1,773.84
Subtotal - Corporate Employees (HSA)	01/01/2016-03/31/2016	2		\$-1,773.84
Corporate Employees (PPO)	03/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-03/31/2016	1		\$-533.51
Subtotal - Corporate Employees (PPO)	03/01/2016-03/31/2016	1		\$-533.51
Early County Employees (HSA)	03/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016	2		\$0.00
Subtotal - Early County Employees (HSA)	03/01/2016-03/31/2016	2		\$0.00
Early County Employees (PPO)	03/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-03/31/2016	1		\$-1,189.73
Subtotal - Early County Employees (PPO)	03/01/2016-03/31/2016	1		\$-1,189.73
Lackey Hospital Employees (HSA)	03/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016	1		\$-443.46
Subtotal - Lackey Hospital Employees (HSA)	03/01/2016-03/31/2016	1		\$-443.46

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Mar 01, 2016	INV # 0040038231
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*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

**\$-49,284.35**

**AMOUNT PAID**

**\$ \_\_\_\_\_**

Page: 2 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111  
 Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Medicomp Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-03/31/2016 03/01/2016-03/31/2016	1		\$-325.44
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>03/01/2016-03/31/2016</b>	<b>1</b>		<b>\$-325.44</b>
Monroe County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	02/01/2016-03/31/2016 02/01/2016-03/31/2016	2		\$-3,042.14
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>02/01/2016-03/31/2016</b>	<b>2</b>		<b>\$-3,042.14</b>
Monroe County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-03/31/2016 02/01/2016-03/31/2016	4		\$-1,808.60
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>02/01/2016-03/31/2016</b>	<b>4</b>		<b>\$-1,808.60</b>
Newton Hospital Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	11/01/2015-03/31/2016 11/01/2015-03/31/2016	6		\$-10,239.50
<b>Subtotal - Newton Hospital Employees (HSA)</b>	<b>11/01/2015-03/31/2016</b>	<b>6</b>		<b>\$-10,239.50</b>
Newton Hospital Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016 01/01/2016-03/31/2016	17		\$-29,177.67
<b>Subtotal - Newton Hospital Employees (PPO)</b>	<b>01/01/2016-03/31/2016</b>	<b>17</b>		<b>\$-29,177.67</b>
Patrick County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016 03/01/2016-03/31/2016	1		\$-545.46
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>03/01/2016-03/31/2016</b>	<b>1</b>		<b>\$-545.46</b>
Stokes County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016 03/01/2016-03/31/2016	2		\$-855.88
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>03/01/2016-03/31/2016</b>	<b>2</b>		<b>\$-855.88</b>
Stokes County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-03/31/2016 02/01/2016-03/31/2016	1		\$650.88
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>02/01/2016-03/31/2016</b>	<b>1</b>		<b>\$650.88</b>
<b>TOTAL</b>	<b>11/01/2015-03/31/2016</b>	<b>43</b>		<b>\$-49,284.35</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				\$533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				\$533.51
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	-\$533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				-\$533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				-\$533.51
905264	[REDACTED]	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	-\$443.46
905264	[REDACTED]	01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	-\$443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91				-\$443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91				-\$443.46
905264	[REDACTED]	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	-\$533.51

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan			
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Add	\$443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	-\$443.46
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP	Trm	\$-1,189.73
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	-\$443.46
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY	Chg	\$533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN	Chg	-\$858.95
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY	Trm	\$-1,299.34
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY	Trm	\$-1,299.34
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	-\$443.46

Pioneer Health Services, Inc.  
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 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Add	\$858.95

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
		11/25-11/30/2015	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Chg	\$0.00
		12/01-12/25/2015	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Chg	\$1,299.34
		11/01-11/30/2015	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$-988.92
		12/01-12/25/2015	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$-988.92
		11/01-11/24/2015	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$988.92
905264		01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46

Page: 7 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264						
	01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	01/01-01/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
Magee, MS 39111

Invoice No: 0040038231  
Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 11/01-03/31/2016  
Due Date: Mar 01, 2016

## Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
	Charge Period	Plan				
905264		01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
		02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
		03/01-03/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
905264		01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040038231  
 Invoice Date: Feb 23, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 11/01-03/31/2016  
 Due Date: Mar 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]	01/01-01/31/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]	03/01-03/31/2016 MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$-988.92
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
905264	[REDACTED]	03/01-03/31/2016 MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
905264	[REDACTED]	03/01-03/31/2016 MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
905264	[REDACTED]	02/01-02/29/2016 MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$-533.51
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$-533.51
	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$858.95
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Chg	\$858.95
			TOTAL:			\$-49,284.35

Page: 13 of 13

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040038231  
Invoice Date: Feb 23, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 11/01-03/31/2016  
Due Date: Mar 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employerereservices.com](http://www.employerereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions. Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 81

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101450  
 Invoice Date: Mar 12, 2016  
**Customer No:** 684454  
**Bill Group:** 1  
 Coverage Period: 04/01-04/30/2016  
 Due Date: Apr 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Ambulatory Equipment Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	.2		\$988.92	\$1,977.84
Employee Only	2		\$443.46	\$886.92
<b>Subtotal - Ambulatory Equipment Employees (HSA)</b>	<b>4</b>		-	<b>\$2,864.76</b>
<b>Ambulatory Equipment Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
Employee Only	1		\$533.51	\$533.51
<b>Subtotal - Ambulatory Equipment Employees (PPO)</b>	<b>1</b>		-	<b>\$533.51</b>
<b>COBRA (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	1		\$858.95	\$858.95
Employee Only	2		\$533.51	\$1,067.02
<b>Subtotal - COBRA (PPO)</b>	<b>4</b>		-	<b>\$3,115.70</b>
<b>Corporate Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6		\$1,299.34	\$7,796.04
EE + Spouse	5		\$988.92	\$4,944.60
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	44		\$443.46	\$19,512.24
<b>Subtotal - Corporate Employees (HSA)</b>	<b>61</b>		-	<b>\$36,536.70</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Apr 01, 2016	INV # C0040100576
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Return payment stub to:

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

AMOUNT DUE \$ 543,093.43

AMOUNT PAID \$ \_\_\_\_\_

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101450  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-04/30/2016  
 Due Date: Apr 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Corporate Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod.				
EE + Spouse	3		\$1,189.73	\$3,569.19
EE +1 or more Children	14		\$858.95	\$12,025.30
Employee Only	91		\$533.51	\$48,549.41
<b>Subtotal - Corporate Employees (PPO)</b>	<b>108</b>			<b>\$64,143.90</b>
<b>Early County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5		\$1,299.34	\$6,496.70
EE +1 or more Children	1		\$713.97	\$713.97
Employee Only	33		\$443.46	\$14,634.18
<b>Subtotal - Early County Employees (HSA)</b>	<b>39</b>			<b>\$21,844.85</b>
<b>Early County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod.				
EE + Family	2		\$1,563.18	\$3,126.36
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	5		\$858.95	\$4,294.75
Employee Only	86		\$533.51	\$45,881.86
<b>Subtotal - Early County Employees (PPO)</b>	<b>94</b>			<b>\$54,492.70</b>
<b>Lackey Hospital Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6		\$1,299.34	\$7,796.04
EE +1 or more Children	7		\$713.97	\$4,997.79
Employee Only	50		\$443.46	\$22,173.00
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>63</b>			<b>\$34,966.83</b>
<b>Lackey Hospital Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2		\$1,563.18	\$3,126.36
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	13		\$858.95	\$11,166.35
Employee Only	49		\$533.51	\$26,141.99
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>65</b>			<b>\$41,624.43</b>
<b>Medicomp Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2		\$988.92	\$1,977.84
EE +1 or more Children	7		\$713.97	\$4,997.79
Employee Only	56		\$443.46	\$24,833.76
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>65</b>			<b>\$31,809.39</b>
<b>Medicomp Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101450  
 Invoice Date: Mar 12, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 04/01-04/30/2016  
 Due Date: Apr 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
EE + Family	1		\$1,563.18	\$1,563.18
EE +1 or more Children	8		\$858.95	\$6,871.60
Employee Only	44		\$533.51	\$23,474.44
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>53</b>		-	<b>\$31,909.22</b>
 <b>Monroe County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	8		\$1,299.34	\$10,394.72
EE + Spouse	3		\$988.92	\$2,966.76
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	27		\$443.46	\$11,973.42
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>44</b>		-	<b>\$29,618.72</b>
 <b>Monroe County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	6		\$858.95	\$5,153.70
Employee Only	56		\$533.51	\$29,876.56
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>62</b>		-	<b>\$35,030.26</b>
 <b>Oneida Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2		\$1,299.34	\$2,598.68
EE + Spouse	1		\$988.92	\$988.92
EE +1 or more Children	2		\$713.97	\$1,427.94
Employee Only	21		\$443.46	\$9,312.66
<b>Subtotal - Oneida Employees (HSA)</b>	<b>26</b>		-	<b>\$14,328.20</b>
 <b>Oneida Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	6		\$858.95	\$5,153.70
Employee Only	18		\$533.51	\$9,603.18
<b>Subtotal - Oneida Employees (PPO)</b>	<b>24</b>		-	<b>\$14,756.88</b>
 <b>Patrick County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2		\$1,299.34	\$2,598.68
EE + Spouse	1		\$988.92	\$988.92
EE +1 or more Children	8		\$713.97	\$5,711.76
Employee Only	27		\$443.46	\$11,973.42
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>38</b>		-	<b>\$21,272.78</b>
 <b>Patrick County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	11		\$858.95	\$9,448.45
Employee Only	21		\$533.51	\$11,203.71

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101450  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-04/30/2016  
 Due Date: Apr 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Subtotal - Patrick County Employees (PPO)</b>	33	-	-	\$21,841.89
<b>Stokes County Employees (HSA)</b>				
<b>MS 2015 HSA CH+PS1 Plan V91</b>				
EE + Family	2	\$1,299.34	\$2,598.68	
EE + Spouse	1	\$988.92	\$988.92	
EE +1 or more Children	5	\$713.97	\$3,569.85	
Employee Only	48	\$443.46	\$21,286.08	
<b>Subtotal - Stokes County Employees (HSA)</b>	56	-	-	\$28,443.53
<b>Stokes County Employees (PPO)</b>				
<b>MS 2015 CH+PS1 Plan YR1 Mod</b>				
EE + Family	2	\$1,563.18	\$3,126.36	
EE + Spouse	3	\$1,189.73	\$3,569.19	
EE +1 or more Children	19	\$858.95	\$16,320.05	
Employee Only	58	\$533.51	\$30,943.58	
<b>Subtotal - Stokes County Employees (PPO)</b>	82	-	-	\$53,959.18
	<b>TOTAL</b>	922	-	\$543,093.43

### Invoice Detail

Policy No.	Name	ID	Plan	Coverage	Volume (000's)	Charge Amount
905264			MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264			MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264			MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264			MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264			MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		\$533.51

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No:** 684454  
**Bill Group:** 1  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	03/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-03/31/2016	1		\$-533.51
<b>Subtotal - COBRA (PPO)</b>	03/01/2016-03/31/2016	1		\$-533.51
 <b>Corporate Employees (HSA)</b>	02/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-03/31/2016	3		\$824.84
<b>Subtotal - Corporate Employees (HSA)</b>	02/01/2016-03/31/2016	3		\$824.84
 <b>Corporate Employees (PPO)</b>	02/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-03/31/2016	4		\$-1,600.53
<b>Subtotal - Corporate Employees (PPO)</b>	02/01/2016-03/31/2016	4		\$-1,600.53
 <b>Early County Employees (HSA)</b>	03/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016	1		\$-988.92
<b>Subtotal - Early County Employees (HSA)</b>	03/01/2016-03/31/2016	1		\$-988.92
 <b>Lackey Hospital Employees (HSA)</b>	02/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-03/31/2016	2		\$-1,330.38
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	02/01/2016-03/31/2016	2		\$-1,330.38
 <b>Medicomp Employees (HSA)</b>	02/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-03/31/2016	2		\$-1,427.94
<b>Subtotal - Medicomp Employees (HSA)</b>	02/01/2016-03/31/2016	2		\$-1,427.94
 <b>Monroe County Employees (HSA)</b>	03/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-03/31/2016	5		\$-3,073.18
<b>Subtotal - Monroe County Employees (HSA)</b>	03/01/2016-03/31/2016	5		\$-3,073.18

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Apr 01, 2016	INV # C0040100576
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*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

**\$-26,205.58**

**AMOUNT PAID**

**\$ \_\_\_\_\_**

Page: 2 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Monroe County Employees (PPO)	02/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-03/31/2016	6		\$-4,268.08
Subtotal - Monroe County Employees (PPO)	02/01/2016-03/31/2016	6		\$-4,268.08
Newton Hospital Employees (PPO)	01/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016	4		\$-5,452.47
Subtotal - Newton Hospital Employees (PPO)	01/01/2016-03/31/2016	4		\$-5,452.47
Oneida Employees (HSA)	02/01/2016-03/31/2016			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-03/31/2016	2		\$-443.46
Subtotal - Oneida Employees (HSA)	02/01/2016-03/31/2016	2		\$-443.46
Oneida Employees (PPO)	01/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016	1		\$-2,576.85
Subtotal - Oneida Employees (PPO)	01/01/2016-03/31/2016	1		\$-2,576.85
Patrick County Employees (PPO)	03/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-03/31/2016	1		\$-533.51
Subtotal - Patrick County Employees (PPO)	03/01/2016-03/31/2016	1		\$-533.51
Pioneer Home Health Stokes EE's (PPO)	01/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-03/31/2016	1		\$-1,600.53
Subtotal - Pioneer Home Health Stokes EE's (PPO)	01/01/2016-03/31/2016	1		\$-1,600.53
Stokes County Employees (PPO)	02/01/2016-03/31/2016			
MS 2015 CH+PS1 Plan YR1 Mod	02/01/2016-03/31/2016	6		\$-3,201.06
Subtotal - Stokes County Employees (PPO)	02/01/2016-03/31/2016	6		\$-3,201.06
<b>TOTAL</b>	<b>01/01/2016-03/31/2016</b>	<b>39</b>		<b>\$-26,205.58</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 3 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		02/08-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Chg	\$1,299.34
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91				\$1,299.34
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$-443.46
		02/01-02/07/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$0.00
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Trm	\$-988.92
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE+CHRN		Chg	\$-713.97
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+CHRN		Chg	\$-713.97

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 6 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91				
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 8 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040101464  
 Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-03/31/2016  
 Due Date: Apr 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Add	\$858.95
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
<b>TOTAL:</b>							<b>\$-26,205.58</b>

Page: 9 of 9

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040101464  
Invoice Date: Mar 12, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 06/01-03/31/2016  
Due Date: Apr 01, 2016

PLEASE VISIT EMPLOYER eSERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employereservices.com](http://www.employereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 82

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040375435  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 05/01-05/31/2016  
 Due Date: May 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Ambulatory Equipment Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2		\$988.92	\$1,977.84
Employee Only	2		\$443.46	\$886.92
<b>Subtotal - Ambulatory Equipment Employees (HSA)</b>	<b>4</b>		-	<b>\$2,864.76</b>
<b>Ambulatory Equipment Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
Employee Only	1		\$533.51	\$533.51
<b>Subtotal - Ambulatory Equipment Employees (PPO)</b>	<b>1</b>		-	<b>\$533.51</b>
<b>COBRA (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	2		\$1,189.73	\$2,379.46
EE +1 or more Children	1		\$858.95	\$858.95
Employee Only	4		\$533.51	\$2,134.04
<b>Subtotal - COBRA (PPO)</b>	<b>7</b>		-	<b>\$5,372.45</b>
<b>Corporate Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6		\$1,299.34	\$7,796.04
EE + Spouse	5		\$988.92	\$4,944.60
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	44		\$443.46	\$19,512.24
<b>Subtotal - Corporate Employees (HSA)</b>	<b>61</b>		-	<b>\$36,536.70</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date May 01, 2016	INV # C0040367768
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Return payment stub to:

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

AMOUNT DUE \$546,283.02

AMOUNT PAID \$\_\_\_\_\_

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040375435  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 05/01-05/31/2016  
 Due Date: May 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Corporate Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	2	\$1,189.73	\$2,379.46	
EE +1 or more Children	14	\$858.95	\$12,025.30	
Employee Only	92	\$533.51	\$49,082.92	
<b>Subtotal - Corporate Employees (PPO)</b>	<b>108</b>	-	-	<b>\$63,487.68</b>
<b>Early County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5	\$1,299.34	\$6,496.70	
EE + Spouse	1	\$988.92	\$988.92	
EE +1 or more Children	1	\$713.97	\$713.97	
Employee Only	33	\$443.46	\$14,634.18	
<b>Subtotal - Early County Employees (HSA)</b>	<b>40</b>	-	-	<b>\$22,833.77</b>
<b>Early County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2	\$1,563.18	\$3,126.36	
EE +1 or more Children	5	\$858.95	\$4,294.75	
Employee Only	86	\$533.51	\$45,881.86	
<b>Subtotal - Early County Employees (PPO)</b>	<b>93</b>	-	-	<b>\$53,302.97</b>
<b>Lackey Hospital Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6	\$1,299.34	\$7,796.04	
EE +1 or more Children	7	\$713.97	\$4,997.79	
Employee Only	52	\$443.46	\$23,059.92	
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>65</b>	-	-	<b>\$35,853.75</b>
<b>Lackey Hospital Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2	\$1,563.18	\$3,126.36	
EE + Spouse	1	\$1,189.73	\$1,189.73	
EE +1 or more Children	14	\$858.95	\$12,025.30	
Employee Only	50	\$533.51	\$26,675.50	
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>67</b>	-	-	<b>\$43,016.89</b>
<b>Medicomp Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2	\$988.92	\$1,977.84	
EE +1 or more Children	6	\$713.97	\$4,283.82	
Employee Only	56	\$443.46	\$24,833.76	
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>64</b>	-	-	<b>\$31,095.42</b>
<b>Medicomp Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040375435  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 05/01-05/31/2016  
 Due Date: May 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
EE + Family	1		\$1,563.18	\$1,563.18
EE +1 or more Children	8		\$858.95	\$6,871.60
Employee Only	43		\$533.51	\$22,940.93
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>52</b>		-	<b>\$31,375.71</b>

#### Monroe County Employees (HSA)

##### MS 2015 HSA CH+PS1 Plan V91

EE + Family	8	\$1,299.34	\$10,394.72
EE + Spouse	4	\$988.92	\$3,955.68
EE +1 or more Children	6	\$713.97	\$4,283.82
Employee Only	26	\$443.46	\$11,529.96
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>44</b>	-	<b>\$30,164.18</b>

#### Monroe County Employees (PPO)

##### MS 2015 CH+PS1 Plan YR1 Mod

EE +1 or more Children	6	\$858.95	\$5,153.70
Employee Only	58	\$533.51	\$30,943.58
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>64</b>	-	<b>\$36,097.28</b>

#### Oneida Employees (HSA)

##### MS 2015 HSA CH+PS1 Plan V91

EE + Family	2	\$1,299.34	\$2,598.68
EE + Spouse	1	\$988.92	\$988.92
EE +1 or more Children	2	\$713.97	\$1,427.94
Employee Only	21	\$443.46	\$9,312.66
<b>Subtotal - Oneida Employees (HSA)</b>	<b>26</b>	-	<b>\$14,328.20</b>

#### Oneida Employees (PPO)

##### MS 2015 CH+PS1 Plan YR1 Mod

EE +1 or more Children	6	\$858.95	\$5,153.70
Employee Only	18	\$533.51	\$9,603.18
<b>Subtotal - Oneida Employees (PPO)</b>	<b>24</b>	-	<b>\$14,756.88</b>

#### Patrick County Employees (HSA)

##### MS 2015 HSA CH+PS1 Plan V91

EE + Family	2	\$1,299.34	\$2,598.68
EE + Spouse	1	\$988.92	\$988.92
EE +1 or more Children	7	\$713.97	\$4,997.79
Employee Only	28	\$443.46	\$12,416.88
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>38</b>	-	<b>\$21,002.27</b>

#### Patrick County Employees (PPO)

##### MS 2015 CH+PS1 Plan YR1 Mod

EE + Spouse	1	\$1,189.73	\$1,189.73
EE +1 or more Children	11	\$858.95	\$9,448.45
Employee Only	21	\$533.51	\$11,203.71

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375435  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 05/01-05/31/2016  
 Due Date: May 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Subtotal - Patrick County Employees (PPO)</b>	33	-	-	\$21,841.89
<b>Stokes County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2	\$1,299.34		\$2,598.68
EE + Spouse	2	\$988.92		\$1,977.84
EE +1 or more Children	4	\$713.97		\$2,855.88
Employee Only	48	\$443.46		\$21,286.08
<b>Subtotal - Stokes County Employees (HSA)</b>	56	-	-	\$28,718.48
<b>Stokes County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2	\$1,563.18		\$3,126.36
EE + Spouse	3	\$1,189.73		\$3,569.19
EE +1 or more Children	18	\$858.95		\$15,461.10
Employee Only	58	\$533.51		\$30,943.58
<b>Subtotal - Stokes County Employees (PPO)</b>	81	-	-	\$53,100.23
	<b>TOTAL</b>	928	-	<b>\$546,283.02</b>

**Invoice Detail**

Policy No.	Name	ID	Coverage	Volume (000's)	Charge Amount
905264		Plan			
905264		MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264					
905264		MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264					
905264		MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264					
905264		MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264					
905264		MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		\$533.51

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	<b>01/01/2016-04/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	01/01/2016-04/30/2016	5		\$6,647.54
<b>Subtotal - COBRA (PPO)</b>	<b>01/01/2016-04/30/2016</b>	<b>5</b>		<b>\$6,647.54</b>
 <b>Corporate Employees (PPO)</b>	 <b>04/01/2016-04/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-04/30/2016	1		\$-656.22
<b>Subtotal - Corporate Employees (PPO)</b>	<b>04/01/2016-04/30/2016</b>	<b>1</b>		<b>\$-656.22</b>
 <b>Early County Employees (HSA)</b>	 <b>03/01/2016-04/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-04/30/2016	3		\$1,977.84
<b>Subtotal - Early County Employees (HSA)</b>	<b>03/01/2016-04/30/2016</b>	<b>3</b>		<b>\$1,977.84</b>
 <b>Early County Employees (PPO)</b>	 <b>04/01/2016-04/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-04/30/2016	1		\$-1,189.73
<b>Subtotal - Early County Employees (PPO)</b>	<b>04/01/2016-04/30/2016</b>	<b>1</b>		<b>\$-1,189.73</b>
 <b>Lackey Hospital Employees (HSA)</b>	 <b>02/01/2016-04/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-04/30/2016	4		\$1,773.84
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>02/01/2016-04/30/2016</b>	<b>4</b>		<b>\$1,773.84</b>
 <b>Lackey Hospital Employees (PPO)</b>	 <b>04/01/2016-04/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-04/30/2016	2		\$1,392.46
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>04/01/2016-04/30/2016</b>	<b>2</b>		<b>\$1,392.46</b>
 <b>Medicomp Employees (HSA)</b>	 <b>02/01/2016-04/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	02/01/2016-04/30/2016	3		\$-2,314.86
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>02/01/2016-04/30/2016</b>	<b>3</b>		<b>\$-2,314.86</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date May 01, 2016	INV # C0040367768
--	---------------------------	----------------------------------	----------------------

*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

**\$6,564.87**

**AMOUNT PAID**

**\$\_\_\_\_\_**

Page: 2 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Medicomp Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-04/30/2016 03/01/2016-04/30/2016	1		\$-1,067.02
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>03/01/2016-04/30/2016</b>	<b>1</b>		<b>\$-1,067.02</b>
Monroe County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	04/01/2016-04/30/2016 04/01/2016-04/30/2016	1		\$-443.46
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>04/01/2016-04/30/2016</b>	<b>1</b>		<b>\$-443.46</b>
Monroe County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-04/30/2016 04/01/2016-04/30/2016	1		\$533.51
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>04/01/2016-04/30/2016</b>	<b>1</b>		<b>\$533.51</b>
Patrick County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	03/01/2016-04/30/2016 03/01/2016-04/30/2016	2		\$270.51
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>03/01/2016-04/30/2016</b>	<b>2</b>		<b>\$270.51</b>
Stokes County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	02/01/2016-04/30/2016 02/01/2016-04/30/2016	1		\$824.85
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>02/01/2016-04/30/2016</b>	<b>1</b>		<b>\$824.85</b>
Stokes County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-04/30/2016 03/01/2016-04/30/2016	3		\$-1,184.39
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>03/01/2016-04/30/2016</b>	<b>3</b>		<b>\$-1,184.39</b>
<b>TOTAL</b>	<b>01/01/2016-04/30/2016</b>	<b>28</b>		<b>\$6,564.87</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
	Charge Period	Plan				
905264	[REDACTED]	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Add	\$1,189.73
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Add	\$1,189.73
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP			

Page: 3 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51

Page: 4 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
905264						
	01/01-01/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	02/01-02/29/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264						
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Chg	\$-1,189.73
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$533.51
905264						
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$988.92
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$988.92
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264						
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73

Page: 5 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No:** 684454  
**Bill Group:** 1  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264						
	03/31-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$0.00
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264						
	02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
	03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264						
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264						
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Add	\$858.95

Page: 6 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91				\$-443.46
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				\$-443.46
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				\$-713.97
		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				\$-533.51
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				\$-443.46
		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod				\$533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$-443.46
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Chg	\$713.97
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Chg	\$-713.97
905264		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$988.92
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91				
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Chg	\$988.92
		02/01-02/29/2016	MS 2015 HSA CH+PS1 Plan V91				
		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Chg	\$-713.97
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040375496  
 Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 11/01-04/30/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
905264							
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Chg	\$533.51
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Chg	\$533.51
905264							
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264							
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE1+CHRN		Trm	\$-858.95
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE1+CHRN		Trm	\$-858.95
					TOTAL:		\$6,564.87

Page: 9 of 9

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040375496  
Invoice Date: Apr 13, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 11/01-04/30/2016  
Due Date: May 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employereservices.com](http://www.employereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	<b>03/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-05/31/2016	1		\$1,600.53
<b>Subtotal - COBRA (PPO)</b>	<b>03/01/2016-05/31/2016</b>	<b>1</b>		<b>\$1,600.53</b>
 <b>Corporate Employees (HSA)</b>	 <b>04/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	04/01/2016-05/31/2016	1		\$-886.92
<b>Subtotal - Corporate Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>	<b>1</b>		<b>\$-886.92</b>
 <b>Corporate Employees (PPO)</b>	 <b>03/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-05/31/2016	9		\$-2,288.76
<b>Subtotal - Corporate Employees (PPO)</b>	<b>03/01/2016-05/31/2016</b>	<b>9</b>		<b>\$-2,288.76</b>
 <b>Early County Employees (HSA)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	2		\$-545.46
<b>Subtotal - Early County Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>2</b>		<b>\$-545.46</b>
 <b>Early County Employees (PPO)</b>	 <b>04/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016	3		\$-2,667.55
<b>Subtotal - Early County Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>	<b>3</b>		<b>\$-2,667.55</b>
 <b>Lackey Hospital Employees (HSA)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	1		\$443.46
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>1</b>		<b>\$443.46</b>
 <b>Lackey Hospital Employees (PPO)</b>	 <b>03/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-05/31/2016	3		\$-4,230.73
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>03/01/2016-05/31/2016</b>	<b>3</b>		<b>\$-4,230.73</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date May 01, 2016	INV # 0040531391
--	---------------------------	----------------------------------	---------------------

*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

**\$-37,905.97**

**AMOUNT PAID**

**\$ \_\_\_\_\_**

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>Medicomp Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	3		\$-1,330.38
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>3</b>		<b>\$-1,330.38</b>
<b>Medicomp Employees (PPO)</b>	<b>05/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-05/31/2016	2		\$0.00
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>05/01/2016-05/31/2016</b>	<b>2</b>		<b>\$0.00</b>
<b>Monroe County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	04/01/2016-05/31/2016	2		\$-1,773.84
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>	<b>2</b>		<b>\$-1,773.84</b>
<b>Monroe County Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016	4		\$-1,600.53
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>	<b>4</b>		<b>\$-1,600.53</b>
<b>Oneida Employees (HSA)</b>	<b>03/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	03/01/2016-05/31/2016	10		\$-6,447.91
<b>Subtotal - Oneida Employees (HSA)</b>	<b>03/01/2016-05/31/2016</b>	<b>10</b>		<b>\$-6,447.91</b>
<b>Oneida Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016	6		\$-3,734.57
<b>Subtotal - Oneida Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>	<b>6</b>		<b>\$-3,734.57</b>
<b>Patrick County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	04/01/2016-05/31/2016	4		\$-1,875.84
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>	<b>4</b>		<b>\$-1,875.84</b>
<b>Patrick County Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016	4		\$-3,323.77
<b>Subtotal - Patrick County Employees (PPO)</b>	<b>04/01/2016-05/31/2016</b>	<b>4</b>		<b>\$-3,323.77</b>
<b>Stokes County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	04/01/2016-05/31/2016	5		\$-4,975.62
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>04/01/2016-05/31/2016</b>	<b>5</b>		<b>\$-4,975.62</b>
<b>Stokes County Employees (PPO)</b>	<b>03/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	03/01/2016-05/31/2016	7		\$-4,268.08
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>03/01/2016-05/31/2016</b>	<b>7</b>		<b>\$-4,268.08</b>
<b>TOTAL</b>	<b>03/01/2016-05/31/2016</b>	<b>67</b>		<b>\$-37,905.97</b>

### Adjustment Invoice Detail

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

Policy No.	Name	ID				
	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]					
	03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	[REDACTED]					
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264	[REDACTED]					
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+FAMILY		Chg	\$1,563.18
905264	[REDACTED]					
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]					
	03/07-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264	[REDACTED]					
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+SP		Trm	\$-988.92
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Pioneer Health Services, Inc.  
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### Adjustment Invoice Detail

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264	[REDACTED]		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+FAMILY		Trm	\$-1,563.18
905264	[REDACTED]		03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			03/01-03/06/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$0.00
905264	[REDACTED]		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 6 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Add	\$533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46

Page: 7 of 13

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Add	\$858.95
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE+FAMILY		Trm	\$-1,299.34
905264		03/01-03/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91				
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan			
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY	Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN	Trm	\$-713.97
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY	Trm	\$-533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
	Charge Period	Plan				
905264			EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264			EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264			EE-ONLY		Trm	\$-533.51
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod				
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264			EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264			EE+SP		Trm	\$-988.92
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE-ONLY		Add	\$443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID				
	Charge Period	PPlan	Coverage	Volume (000's)	Status	Adjustment Amount
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
905264						
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264						
	04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264						
	05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264						
	04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

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Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040531391  
 Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 03/01-05/31/2016  
 Due Date: May 01, 2016

#### Adjustment Invoice Detail

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264			03/01-03/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
<b>TOTAL:</b>								<b>\$-37,905.97</b>

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Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040531391  
Invoice Date: Apr 29, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 03/01-05/31/2016  
Due Date: May 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employerereservices.com](http://www.employerereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 77

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762526  
 Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-06/30/2016  
 Due Date: Jun 01, 2016

**Invoice Summary**

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Ambulatory Equipment Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2		\$988.92	\$1,977.84
Employee Only	2		\$443.46	\$886.92
<b>Subtotal - Ambulatory Equipment Employees (HSA)</b>	<b>4</b>		-	<b>\$2,864.76</b>
<b>Ambulatory Equipment Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
Employee Only	1		\$533.51	\$533.51
<b>Subtotal - Ambulatory Equipment Employees (PPO)</b>	<b>1</b>		-	<b>\$533.51</b>
<b>COBRA (PPO):</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Spouse	2		\$1,189.73	\$2,379.46
EE +1 or more Children	1		\$858.95	\$858.95
Employee Only	5		\$533.51	\$2,667.55
<b>Subtotal - COBRA (PPO)</b>	<b>8</b>		-	<b>\$5,905.96</b>
<b>Corporate Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5		\$1,299.34	\$6,496.70
EE + Spouse	4		\$988.92	\$3,955.68
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	43		\$443.46	\$19,068.78
<b>Subtotal - Corporate Employees (HSA)</b>	<b>58</b>		-	<b>\$33,804.98</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Jun 01, 2016	INV # C0040762278
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*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

\$512,653.10

**AMOUNT PAID**

\$\_\_\_\_\_

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762526  
 Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 06/01-06/30/2016  
 Due Date: Jun 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Corporate Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	1		\$1,563.18	\$1,563.18
EE + Spouse	2		\$1,189.73	\$2,379.46
EE +1 or more Children	12		\$858.95	\$10,307.40
Employee Only	88		\$533.51	\$46,948.88
<b>Subtotal - Corporate Employees (PPO)</b>	<b>103</b>			<b>\$61,198.92</b>
<b>Early County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	5		\$1,299.34	\$6,496.70
EE +1 or more Children	1		\$713.97	\$713.97
Employee Only	37		\$443.46	\$16,408.02
<b>Subtotal - Early County Employees (HSA)</b>	<b>43</b>			<b>\$23,618.69</b>
<b>Early County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2		\$1,563.18	\$3,126.36
EE +1 or more Children	6		\$858.95	\$5,153.70
Employee Only	81		\$533.51	\$43,214.31
<b>Subtotal - Early County Employees (PPO)</b>	<b>89</b>			<b>\$51,494.37</b>
<b>Lackey Hospital Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	6		\$1,299.34	\$7,796.04
EE +1 or more Children	7		\$713.97	\$4,997.79
Employee Only	53		\$443.46	\$23,503.38
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>66</b>			<b>\$36,297.21</b>
<b>Lackey Hospital Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	1		\$1,563.18	\$1,563.18
EE + Spouse	1		\$1,189.73	\$1,189.73
EE +1 or more Children	14		\$858.95	\$12,025.30
Employee Only	47		\$533.51	\$25,074.97
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>63</b>			<b>\$39,853.18</b>
<b>Medicomp Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Spouse	2		\$988.92	\$1,977.84
EE +1 or more Children	7		\$713.97	\$4,997.79
Employee Only	52		\$443.46	\$23,059.92
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>61</b>			<b>\$30,035.55</b>
<b>Medicomp Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762526  
 Invoice Date: May 24, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 06/01-06/30/2016  
 Due Date: Jun 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
EE + Family	1		\$1,563.18	\$1,563.18
EE +1 or more Children	8		\$858.95	\$6,871.60
Employee Only	43		\$533.51	\$22,940.93
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>52</b>			<b>\$31,375.71</b>
 <b>Monroe County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	8		\$1,299.34	\$10,394.72
EE + Spouse	4		\$988.92	\$3,955.68
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	26		\$443.46	\$11,529.96
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>44</b>			<b>\$30,164.18</b>
 <b>Monroe County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	5		\$858.95	\$4,294.75
Employee Only	56		\$533.51	\$29,876.56
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>61</b>			<b>\$34,171.31</b>
 <b>Oneida Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	1		\$1,299.34	\$1,299.34
EE + Spouse	1		\$988.92	\$988.92
EE +1 or more Children	1		\$713.97	\$713.97
Employee Only	13		\$443.46	\$5,764.98
<b>Subtotal - Oneida Employees (HSA)</b>	<b>16</b>			<b>\$8,767.21</b>
 <b>Oneida Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	6		\$858.95	\$5,153.70
Employee Only	12		\$533.51	\$6,402.12
<b>Subtotal - Oneida Employees (PPO)</b>	<b>18</b>			<b>\$11,555.82</b>
 <b>Patrick County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2		\$1,299.34	\$2,598.68
EE +1 or more Children	6		\$713.97	\$4,283.82
Employee Only	27		\$443.46	\$11,973.42
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>35</b>			<b>\$18,855.92</b>
 <b>Patrick County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE +1 or more Children	11		\$858.95	\$9,448.45
Employee Only	17		\$533.51	\$9,069.67
<b>Subtotal - Patrick County Employees (PPO)</b>	<b>28</b>			<b>\$18,518.12</b>

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762526  
 Invoice Date: May 24, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 06/01-06/30/2016  
 Due Date: Jun 01, 2016

### Invoice Summary

Description	Employee Count	Total Volume (000's)	Rate	Net Amount
<b>Stokes County Employees (HSA)</b>				
MS 2015 HSA CH+PS1 Plan V91				
EE + Family	2		\$1,299.34	\$2,598.68
EE + Spouse	2		\$988.92	\$1,977.84
EE +1 or more Children	3		\$713.97	\$2,141.91
Employee Only	43		\$443.46	\$19,068.78
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>50</b>		-	<b>\$25,787.21</b>
<b>Stokes County Employees (PPO)</b>				
MS 2015 CH+PS1 Plan YR1 Mod				
EE + Family	2		\$1,563.18	\$3,126.36
EE + Spouse	2		\$1,189.73	\$2,379.46
EE +1 or more Children	17		\$858.95	\$14,602.15
Employee Only	52		\$533.51	\$27,742.52
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>73</b>		-	<b>\$47,850.49</b>
	<b>TOTAL</b>	<b>873</b>	-	<b>\$512,653.10</b>

### Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Charge Amount
905264		Plan			
905264	[REDACTED]	MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264	[REDACTED]	MS 2015 HSA CH+PS1 Plan V91	EE+SP		\$988.92
905264	[REDACTED]	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264	[REDACTED]	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		\$443.46
905264	[REDACTED]	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		\$533.51
905264	[REDACTED]	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		\$1,189.73

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 5

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762531  
 Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-05/31/2016  
 Due Date: Jun 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	<b>04/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016	3		\$533.51
<b>Subtotal - COBRA (PPO)</b>	<b>04/01/2016-05/31/2016</b>	<b>3</b>		<b>\$533.51</b>
 <b>Corporate Employees (HSA)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	1		\$-1,299.34
<b>Subtotal - Corporate Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>1</b>		<b>\$-1,299.34</b>
 <b>Early County Employees (PPO)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-05/31/2016	4		\$-2,134.04
<b>Subtotal - Early County Employees (PPO)</b>	<b>05/01/2016-05/31/2016</b>	<b>4</b>		<b>\$-2,134.04</b>
 <b>Lackey Hospital Employees (PPO)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-05/31/2016	1		\$-533.51
<b>Subtotal - Lackey Hospital Employees (PPO)</b>	<b>05/01/2016-05/31/2016</b>	<b>1</b>		<b>\$-533.51</b>
 <b>Medicomp Employees (HSA)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	2		\$713.97
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>2</b>		<b>\$713.97</b>
 <b>Monroe County Employees (PPO)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-05/31/2016	1		\$-858.95
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>05/01/2016-05/31/2016</b>	<b>1</b>		<b>\$-858.95</b>
 <b>Patrick County Employees (HSA)</b>	 <b>05/01/2016-05/31/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-05/31/2016	1		\$-443.46
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>05/01/2016-05/31/2016</b>	<b>1</b>		<b>\$-443.46</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Jun 01, 2016	INV # C0040762278
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*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

\$-6,037.84

**AMOUNT PAID**

\$\_\_\_\_\_

Page: 2 of 5

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762531  
 Invoice Date: May 24, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 04/01-05/31/2016  
 Due Date: Jun 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
Patrick County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-05/31/2016			
Subtotal - Patrick County Employees (PPO)	05/01/2016-05/31/2016	1		\$-533.51
Stokes County Employees (HSA) MS 2015 HSA CH+PS1 Plan V91	04/01/2016-05/31/2016			
Subtotal - Stokes County Employees (HSA)	04/01/2016-05/31/2016	2		\$443.46
Stokes County Employees (PPO) MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-05/31/2016			
Subtotal - Stokes County Employees (PPO)	04/01/2016-05/31/2016	3		\$-1,925.97
<b>TOTAL</b>	<b>04/01/2016-05/31/2016</b>	<b>19</b>		<b>\$-6,037.84</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		[REDACTED]		EE-ONLY		Add	\$533.51
		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		[REDACTED]		EE-ONLY		Add	\$533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		[REDACTED]		EE-ONLY		Trm	\$-533.51
		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		[REDACTED]		EE-ONLY		Trm	\$-533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		[REDACTED]		EE-ONLY		Add	\$533.51
		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod				
905264		[REDACTED]		EE+FAMILY		Trm	\$-1,299.34
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				

Page: 3 of 5

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762531  
 Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-05/31/2016  
 Due Date: Jun 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan V91	EE-ONLY		Chg	\$-443.46
905264			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$443.46
905264			05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$713.97
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95

Page: 4 of 5

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040762531  
 Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-05/31/2016  
 Due Date: Jun 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		04/01-04/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Add	\$443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Chg	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
				<b>TOTAL:</b>			<b>\$-6,037.84</b>

Page: 5 of 5

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040762531  
Invoice Date: May 24, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 04/01-05/31/2016  
Due Date: Jun 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employerereservices.com](http://www.employerereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company  
 22703 Network Place  
 606731227C0003  
 Chicago, IL 60673-1227



Page: 1 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
 Invoice Date: May 31, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-06/30/2016  
 Due Date: Jun 01, 2016

#### Adjustment Invoice Summary

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>COBRA (PPO)</b>	<b>04/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	04/01/2016-06/30/2016	1		\$-3,569.19
<b>Subtotal - COBRA (PPO)</b>	<b>04/01/2016-06/30/2016</b>	<b>1</b>		<b>\$-3,569.19</b>
 <b>Corporate Employees (HSA)</b>	 <b>06/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	06/01/2016-06/30/2016	5		\$-2,217.30
<b>Subtotal - Corporate Employees (HSA)</b>	<b>06/01/2016-06/30/2016</b>	<b>5</b>		<b>\$-2,217.30</b>
 <b>Corporate Employees (PPO)</b>	 <b>05/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-06/30/2016	8		\$-4,801.59
<b>Subtotal - Corporate Employees (PPO)</b>	<b>05/01/2016-06/30/2016</b>	<b>8</b>		<b>\$-4,801.59</b>
 <b>Early County Employees (HSA)</b>	 <b>06/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	06/01/2016-06/30/2016	1		\$-443.46
<b>Subtotal - Early County Employees (HSA)</b>	<b>06/01/2016-06/30/2016</b>	<b>1</b>		<b>\$-443.46</b>
 <b>Early County Employees (PPO)</b>	 <b>06/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	06/01/2016-06/30/2016	3		\$-2,630.20
<b>Subtotal - Early County Employees (PPO)</b>	<b>06/01/2016-06/30/2016</b>	<b>3</b>		<b>\$-2,630.20</b>
 <b>Lackey Hospital Employees (HSA)</b>	 <b>06/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	06/01/2016-06/30/2016	2		\$-1,157.43
<b>Subtotal - Lackey Hospital Employees (HSA)</b>	<b>06/01/2016-06/30/2016</b>	<b>2</b>		<b>\$-1,157.43</b>
 <b>Medicomp Employees (HSA)</b>	 <b>05/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-06/30/2016	3		\$-2,217.30
<b>Subtotal - Medicomp Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>	<b>3</b>		<b>\$-2,217.30</b>

Please Detach and Return the Portion Below with Remittance

Customer Name Pioneer Health Services, Inc.	Customer Number 684454	Payment Due Date Jun 01, 2016	INV # 0040768985
--	---------------------------	----------------------------------	---------------------

*Return payment stub to:*

UnitedHealthcare Insurance Company  
 22703 Network Place  
 Chicago, IL 60673-1227

**AMOUNT DUE**

\$33,038.98

**AMOUNT PAID**

\$

Page: 2 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
 Invoice Date: May 31, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
 Coverage Period: 04/01-06/30/2016  
 Due Date: Jun 01, 2016

**Adjustment Invoice Summary**

Description	Invoice Period	Employee Count	Total Volume (000's)	Net Amount
<b>Medicomp Employees (PPO)</b>	<b>06/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	06/01/2016-06/30/2016	2		\$-1,067.02
<b>Subtotal - Medicomp Employees (PPO)</b>	<b>06/01/2016-06/30/2016</b>	<b>2</b>		<b>\$-1,067.02</b>
<b>Monroe County Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-06/30/2016	1		\$-886.92
<b>Subtotal - Monroe County Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>	<b>1</b>		<b>\$-886.92</b>
<b>Monroe County Employees (PPO)</b>	<b>05/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-06/30/2016	5		\$-3,201.06
<b>Subtotal - Monroe County Employees (PPO)</b>	<b>05/01/2016-06/30/2016</b>	<b>5</b>		<b>\$-3,201.06</b>
<b>Oneida Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-06/30/2016	2		\$-1,330.38
<b>Subtotal - Oneida Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>	<b>2</b>		<b>\$-1,330.38</b>
<b>Patrick County Employees (HSA)</b>	<b>06/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	06/01/2016-06/30/2016	2		\$270.51
<b>Subtotal - Patrick County Employees (HSA)</b>	<b>06/01/2016-06/30/2016</b>	<b>2</b>		<b>\$270.51</b>
<b>Stokes County Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>			
MS 2015 HSA CH+PS1 Plan V91	05/01/2016-06/30/2016	7		\$-4,372.52
<b>Subtotal - Stokes County Employees (HSA)</b>	<b>05/01/2016-06/30/2016</b>	<b>7</b>		<b>\$-4,372.52</b>
<b>Stokes County Employees (PPO)</b>	<b>05/01/2016-06/30/2016</b>			
MS 2015 CH+PS1 Plan YR1 Mod	05/01/2016-06/30/2016	5		\$-5,415.12
<b>Subtotal - Stokes County Employees (PPO)</b>	<b>05/01/2016-06/30/2016</b>	<b>5</b>		<b>\$-5,415.12</b>
<b>TOTAL</b>	<b>04/01/2016-06/30/2016</b>	<b>47</b>		<b>\$-33,038.98</b>

**Adjustment Invoice Detail**

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264			04/01-04/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73
			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+SP		Trm	\$-1,189.73

Page: 3 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
 Invoice Date: May 31, 2016  
 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 04/01-06/30/2016  
 Due Date: Jun 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
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Invoice No: 0040768985  
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### Adjustment Invoice Detail

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+FAMILY		Trm	\$-1,563.18
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 5 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
 Invoice Date: May 31, 2016  
**Customer No: 684454**  
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 Due Date: Jun 01, 2016

### Adjustment Invoice Detail

Policy No.	Name	ID		Coverage	Volume (000's)	Status	Adjustment Amount
		Charge Period	Plan				
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE1+CHRN		Trm	\$-713.97
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51

Page: 6 of 9

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
Magee, MS 39111

Invoice No: 0040768985  
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## **Adjustment Invoice Detail**

Policy No.	Name	Adjustment Invoice Detail						
		Charge Period	Plan	ID	Coverage	Volume (000's)	Status	Adjustment Amount
905264		05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91		EE-ONLY		Trm	\$-443.46
		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91		EE-ONLY		Trm	\$-443.46
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod		EE-ONLY		Trm	\$-533.51
905264		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91		EE-ONLY		Trm	\$-443.46

Page: 7 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
 Invoice Date: May 31, 2016  
**Customer No: 684454**  
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### Adjustment Invoice Detail

Policy No.	Name	ID	Coverage	Volume (000's)	Status	Adjustment Amount
	Charge Period	Plan				
905264			EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			EE-ONLY		Trm	\$-443.46
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE1+CHRN		Chg	\$713.97
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE+FAMILY		Trm	\$-1,299.34
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE+FAMILY		Trm	\$-1,299.34
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE-ONLY		Trm	\$-443.46
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				
905264			EE-ONLY		Trm	\$-443.46
	05/01-05/31/2016	MS 2015 HSA CH+PS1 Plan V91				
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264			EE-ONLY		Trm	\$-443.46
	06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91				

Page: 8 of 9

Pioneer Health Services, Inc.  
 Greg Baldwin  
 100 Pioneer Way  
 Magee, MS 39111

Invoice No: 0040768985  
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 Customer No: 684454  
 Bill Group: 1  
 Coverage Period: 04/01-06/30/2016  
 Due Date: Jun 01, 2016

**Adjustment Invoice Detail**

Policy No.	Name	ID	Charge Period	Plan	Coverage	Volume (000's)	Status	Adjustment Amount
905264	[REDACTED]		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Trm	\$-443.46
905264	[REDACTED]		06/01-06/30/2016	MS 2015 HSA CH+PS1 Plan V91	EE-ONLY		Chg	\$443.46
905264	[REDACTED]		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE+FAMILY		Trm	\$-1,563.18
905264	[REDACTED]		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]		06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE-ONLY		Trm	\$-533.51
905264	[REDACTED]		05/01-05/31/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
			06/01-06/30/2016	MS 2015 CH+PS1 Plan YR1 Mod	EE1+CHRN		Trm	\$-858.95
					TOTAL:			\$-33,038.98

Page: 9 of 9

Pioneer Health Services, Inc.  
Greg Baldwin  
100 Pioneer Way  
**Magee, MS 39111**

Invoice No: 0040768985  
Invoice Date: May 31, 2016  
**Customer No: 684454**  
**Bill Group: 1**  
Coverage Period: 04/01-06/30/2016  
Due Date: Jun 01, 2016

PLEASE VISIT EMPLOYER ESERVICES AT [WWW.EMPLOYERESERVICES.COM](http://WWW.EMPLOYERESERVICES.COM) TO perform real-time eligibility transactions, view and pay your invoices, request ID cards and more!

Employee and dependent information contained in this report is based on the most current information provided by the Employer, acting as Plan Sponsor and/or Plan Administrator (the organization which established the employee welfare plan for its employees) to the Company (a division of UnitedHealth Group contractually administering claims on behalf of the Employer). Changes to employees and dependent information are the responsibility of the Employer, acting as Plan Sponsor and/or Plan Administrator, and must be submitted to the Company on a timely basis. Please do not submit employee changes by noting them on this invoice. This address is used for payment purposes only and written instructions sent to this address will not be processed.

Applicable to Employers with Enrollees residing in Texas: Employers are responsible for premiums on Enrollees who are no longer eligible for group coverage until the end of the month in which you notify UnitedHealthcare of the Enrollee's termination. UnitedHealthcare's preferred method for notification of termination of coverage is through Employer eServices at [www.employerereservices.com](http://www.employerereservices.com).

Please contact your Billing/Accounts Receivable Representative if you have any questions.  
Thank you.

This invoice covers eligibility charges from the following entities:  
UnitedHealthcare Insurance Company